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CLAIMS ONLY							Application Number <i>10/664,927</i>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	3		5		5		Total Indep				
Total Depend	17		15		15		Total Depend				
Total Claims	20		20		20		Total Claims				